

**FORM**  
**5**  
Rev  
09/14

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
401239529

Date Received:

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary completion

OGCC Operator Number: 47120 Contact Name: Jennifer Thomas  
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6808  
 Address: P O BOX 173779 Fax: \_\_\_\_\_  
 City: DENVER State: CO Zip: 80217-

API Number 05-123-42617-00 County: WELD  
 Well Name: HIGHLANDS Well Number: 15N-16HZ  
 Location: QtrQtr: NWNE Section: 9 Township: 1N Range: 66W Meridian: 6  
 Footage at surface: Distance: 320 feet Direction: FNL Distance: 1469 feet Direction: FEL  
 As Drilled Latitude: 40.072127 As Drilled Longitude: -104.778003

GPS Data:  
 Date of Measurement: 09/16/2016 PDOP Reading: 1.4 GPS Instrument Operator's Name: Rob Wilson

\*\* If directional footage at Top of Prod. Zone Dist.: 1533 feet. Direction: FNL Dist.: 1691 feet. Direction: FEL  
 Sec: 9 Twp: 1N Rng: 66W  
 \*\* If directional footage at Bottom Hole Dist.: 2598 feet. Direction: FNL Dist.: 1674 feet. Direction: FEL  
 Sec: 16 Twp: 1N Rng: 66W

Field Name: WATTENBERG Field Number: 90750  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 10/03/2016 Date TD: 11/19/2016 Date Casing Set or D&A: 11/20/2016  
 Rig Release Date: 01/28/2017 Per Rule 308A.b.

Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

Total Depth MD 14284 TVD\*\* 7372 Plug Back Total Depth MD 14181 TVD\*\* 7373  
 Elevations GR 4997 KB 5023 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
 CBL, GR 33HZ, API 05-123-42621 CNL ON HIGHLANDS 26C-

**CASING, LINER AND CEMENT**

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	42.1	0	106	64	0	106	VISU
SURF	13+1/2	9+5/8	36	0	1,892	740	0	1,892	VISU
1ST	7+7/8	5+1/2	17	0	14,273	1,410	1,500	14,273	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

## FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,627				
SHARON SPRINGS	7,220				
NIOBRARA	7,276				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted. Per Rule 371.p Exception, compensated neutron logs have been run on the HIGHLANDS 26C-33HZ well (API 05-123-42621).

The top of productive zone provided is an estimate based on the landing point at 7941' MD.

Completion is estimated for Q2, 2017.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Jennifer Thomas

Title: Regulatory Specialist

Date: \_\_\_\_\_

Email: jennifer.thomas@anadarko.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
401239709	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401239708	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
401239705	LAS-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401239706	PDF-MWD/LWD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401239707	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401243733	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401243735	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)